

C.L. "BUTCH" OTTER – Governor RICHARD ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

August 21, 2012

James Adamson, CEO Mountain View Hospital 2325 Coronado Street Idaho Falls, Idaho 83404-1389

RE: Mountain View Hospital, CCN #13-0065

Dear Mr. Adamson:

This is to advise you of the findings of the complaint investigation survey, which was concluded at your facility on August 9, 2012.

Enclosed is a Statement of Deficiencies/Plan of Correction form, CMS-2567, listing Medicare deficiencies identified during the survey. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

### An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the POC is effective in bringing the Mountain View Hospital into compliance, and that the hospital remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

James Adamson August 21, 2012 Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by September 4, 2012, and keep a copy of your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

AIMEE HASTRITER

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

SC/

Enclosures



August 27, 2012

SYLVIA CRESWELL BUREAU OF FACILITY STANDINGS 3232 ELDER STREET P.O. Box 83720 Boise, ID 83720-0009



Re: Response to deficiencies cited on August 9, 2012

**FACILITY STANDARDS** 

Ms. Creswell:

This letter is in response to a complaint investigation survey performed on August 9, 2012. Immediately after our survey was completed we begin our "Plan of Correction". The surveyors had made some recommendation that we could address.

The following is an overview of our process and our immediate plan of correction:

- 1. <u>Discovery:</u> A review of MVH policy # 1093 "Patient complaint and Grievance". It was determined that changes to policy must occur. The policy was revised to reflect new practice and to comply with regulations. *Completed on 8/10/2012* 
  - a. Response: Policy was revised Section III (A) (4) to reflect new compliant process. A flow diagram was put together and email to managers. Policy and flow diagram was reviewed by CEO and Board of Directors and approved. Completed on 8/10/2012
  - b. Response: Letters were revised to indicate proper documentation requirements to assist with responses to grievances. Both 7 days and 30 days letter were revised. A process was added to address complainant not satisfied with resolution. Completed on 8/14/2012
  - c. <u>Response:</u> "Patient Complaint Log" was revised to include additional space to facilitate the process for continued documentation. This will allow review and management of grievances and complaint in a more efficient manner. *Completed on 8/27/2012*
- 2. <u>Monitoring:</u> A committee was formed to review "Patient Complaint Log" for documentation verification process. This committee will ensure that a conclusion and notification are documented in a timely manner.

\*Please see attachments for documentation to support responses and Plan of Correction.

Thank you. You have great surveyors.

If you have any concerns or questions please feel free to contact me.

Sincerely,

Ned Hillyard MS, CHC, CPHC, CPHQ, CPHRM, CSO

Chief Compliance/Privacy Officer

Phone: 208-557-2711 Fax: 208-557-2889

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		SURVEY LETED C 09/2012
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#### A 000 INITIAL COMMENTS

The following deficiencies were cited during the complaint investigation at your hospital. Surveyors conducting the review were:

Aimee Hastriter, RN, HFS, Team Leader Susan Costa, RN, HFS

Acronyms used in this report include:

IM - Intramuscular

IV - Intravenous

A 122 482.13(a)(2)(ii) PATIENT RIGHTS: GRIEVANCE REVIEW TIME FRAMES

#### At a minimum:

The grievance process must specify time frames for review of the grievance and the provision of a response.

This STANDARD is not met as evidenced by: Based on staff interview and review of facility policies and grievance documentation, it was determined the facility failed to ensure review, investigation, and resolution of grievances within established time frames for 8 of 9 patients (#1, #2, #3, #4, #5, #7, #9 and #10) whose grievance documentation was reviewed. Failure to meet time frames for communication regarding ongoing investigations and resolution of grievances led to extended periods of time between submission and resolution of a grievance without documentation of communication with the complainant. Findings include:

The hospital's "Patient/Family Complaint and Grievance Policy," approved 10/21/11, was

A 000



### **FACILITY STANDARDS**

A 122

# PLAN OF CORRECTION: Steps:

- 1) Identify deficiency in MVH policy CORRECTION:
- A) Policy was reviewed and edited to comply with 482.13(a)(2)(ii). A time line was stated and clarified in the policy. (see attachment MVH Policy 1093 III Procedure A 4 page 2 of 5). 2)After review of policy changes have policy reviewed and approved by MVH Board of Directors (see attachment MVH policy 1093 approval page 4 of 5)

Monitoring of Plan of Correction: "Patient Complaint Log" will be reviewed Monthy by "Patient Complaint Committee" for documentation as per MVH policy.

Personal responsible for implementation: Ned Hillyard CCO, Jessica Burnell ARM, Board of Manager

Date of completion: 8/10/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUF	PLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
M Ath	Chief Exection Couplinie	Officer	8/27/2012
Any deficiency statement ending with an aister	isk (*) denotes a deficiency which the institution	may be excused from correct	ting providing it is determined that

Any deficiency statement ending with an aisterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 122	will be addressed be his/her designee are complainant within receipt of the grieval that will take longer to investigated and contact the complainant let him/her know received and is beindirector will report at thirty (30) calendar grievance." The poprocess to follow if 30 days to investigated and is beindirector will report at thirty (30) calendar grievance. The poprocess to follow if 30 days to investigated and investigated a	ing to the policy, "Grievances by the department director or and response made to the seven (7) calendar days of ance. If the grievance is one than seven calendar (7) days resolve, the director will inant within that time frame by the grievance has been any investigated and that the back to the complainant within days with a resolution of the blicy did not guide staff on the the grievance took longer than ate and resolve.  The provided to in accordance that a grievance documentation aff. Grievance documentation aff. Grievance documentation aff. Grievance documentation and the documentation included a lew and results of interviews members. A response letter to sent in the documentation and at the bottom of the letter Management and Compliance the letter to Patient #2 on the receipt of the	A	122 (see	page 1 of	deficiencie	s)	
		nent and Compliance terviewed on 8/08/12 at 2:15						

PM. She reviewed the grievance documentation

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		nce was not reviewed, esolved in within time frames I policy.					
	the Director of Nursknow Patient #3 ha facility during a recould 4/30/12, the Risk M Coordinator docum #3, as well as, a reliwitnessed several occumplaint. Patient a fall she experience several nursing car documentation inclute concerns and the compensate Patient dated 6/13/12, 47 cwith Patient #3.	sician left a voice message for sing on 4/27/12, to let him d a bad experience at the ent hospitalization. On lanagement and Compliance ented speaking with Patient lative of Patient #3's who of the events referenced in the #3's concerns were related to be while at the hospital and e issues. The grievance uded a conclusion summary of the decision to financially it #3. This document was lays after the initial contact					
	Coordinator was interest PM and again on 8 reviewed grievance. She confirmed that response to Patient specified time fram submitted her reported the Chief Compliant spoke with Patient.	terviewed on 8/08/12 at 2:15 /09/12 at 8:35 AM. She deducted on 8/08/12 at 2:15 /09/12 at 8:35 AM. She deducted on 8/08/12 at 2:15 the investigation and t #3 was not within the e of 30 days. She stated she rt (the conclusion summary) to lice Officer on 6/13/12 and #3 at that time to let her know e some time to obtain the			:		

money for her refund. She stated she met with

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	Patient #3 on 7/09/12 and mailed a copy of the conclusion summary to her on 7/12/12.							
		nce was not reviewed, esolved in within time frames of policy.		:	see page 1			
	included hand-writt unsigned, that were Management and C documentation indiconcerned that she while exhibiting syncardiopulmonary dyreadmitted to a differentment. The Ris Compliance Coordithe grievance on 4/2 notified by mail of ton 6/15/12, 48 days grievance document "SETTLEMENT ACC	mentation for Patient #4 en notes, undated and e forwarded to the Risk Compliance Coordinator. The cated Patient #4 was e was discharged prematurely inptoms of potential ysfunction for which she was erent facility for evaluation and ek Management and inator documented receipt of (28/12, and that Patient #4 was the resolution of the grievance is later. However, her intation also included a GREEMENT AND RELEASE" atted by Patient #4 on 7/09/12.						
	Coordinator was in PM and again on 8 reviewed grievance. She explained the Patient #4 on 4/26/ and Compliance Coof Nursing supplied on 4/28/12 and she telephone to acknow grievance. She cool documented. She	nent and Compliance terviewed on 8/08/12 at 2:15 /09/12 at 8:35 AM. She documentation for Patient #4. Director of Nursing spoke with 12. The Risk Management pordinator stated the Director I his hand-written notes to her then contacted Patient #4 via wledge receipt of the infirmed this phone call was not also confirmed the esolution of the grievance did						

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A 122	outlined in the hosp as a result of the in refund money to Painformation was set Officer, who met with Patient #4's grievar investigated, and respecified in hospital.  4. Patient #10, and submitted grievance were documented a concerns were relatechnician during a documentation, dat conclusion summant the investigation, as compensate Patienthe grievance.	n the 30 day time frame intal policy. She explained that, westigation, it was decided to attent #4. She stated that the not to the Chief Compliance th Patient #4 on 7/09/12.  Ince was not reviewed, esolved in within time frames I policy.  I Patient #10's mother, each be letters to the hospital which as received on 5/07/12. The sted to their experience with the sleep study. Grievance ed 7/13/12, included a ry of the concerns, results of and the decision to financially the #10, 67 days after receipt of	A	122	see page 1		
	Coordinator was interest PM and again on 8 reviewed the grieva #10. She stated Pa so she spoke with \$5/08/12 to acknowled She explained that investigation but the and his mother on evere unhappy with requested monetary she notified the Childecision was made	pent and Compliance derviewed on 8/08/12 at 2:15 //09/12 at 8:35 AM. She ance documentation for Patient atient #10 was not feeling well Patient #10's mother on edge receipt of the grievance, it took time to complete the at she spoke with Patient #10 6/12/12. She stated that they the initial resolution and y compensation. She stated ef Compliance Officer and the to discount Patient #10's took until 7/13/12. The Risk					

Management and Compliance Coordinator

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A 122	the initial resolution receipt of grievance specified in the polipolicy was not clear follow when it was gays to complete an Patient #10's grieva investigated, and respecified in hospita.  5. An "Investigation compliance departer grievance for Patien Documentation on received, and subs was allergic to and expenses and time grievance documentation of the letter sent to Patien after receipt of the	act with the family regarding was actually 36 days after e, not within the time frame cy. She stated the hospital regarding the process to going to take longer than 30 in investigation.  Ance was not reviewed, esolved in within time frames I policy.  In Form' indicated the ment was notified of the int #9 on 8/15/11, the form indicated Patient #9 equently took, a medication he this resulted in additional off work for treatment. The intation included an apology at #9, dated 11/02/11, 79 days grievance.	A	122	see page 1			
	8/09/12 at 8:25 AM documentation for grievance was not specified in the hos							
		nce was not reviewed, esolved in within time frames il policy.						
	included an e-mail 4/26/12. Patient # regarding nursing of	mentation for Patient #1 written by Patient #1, dated 1 indicated several concerns care and responsiveness to call tion in the grievance file						

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A 122	[Medical-Surgical]: Compliance Office Supervisor comple forwarded the resu including the Chief Director of Nursing Risk Management documented the int the Chief Complian Risk Management documented contac on 6/19/12. The gr included a summan decision to financia	erns were sent to the Med-Surg Supervisor and Chief on 5/04/12. The Med-Surg ted a record review and lts to several individuals, Compliance Office and on 5/04/12. However, the and Compliance Coordinator formation was received from the Cofficer on 6/19/12. The land Compliance Coordinator cting Patient #1 via telephone rievance documentation by of the concerns and the large after Patient #1 sent the	A	122	see page 1		
	Coordinator was in PM. She reviewed for Patient #1. She sent the original eand the business of Director of Nursing had been forwarde Compliance Office failed to notice the 6/19/12 the information processed the grie and Compliance Coffice the delay in proceeduce Patient #1's information was se 8/01/12 and that si 8/06/12. She confidered processed the grie and Compliance Coffice Patient #1's information was se 8/01/12 and that si 8/06/12. She confidered processed the grie and Compliance Coffice Patient #1's information was se 8/01/12 and that si 8/06/12. She confidered processed the grie and Compliance Coffice Patient #1's information was set 8/01/12. She confidered processed the grie and Compliance Coffice Patient #1's information was set 8/01/12. She confidered processed the grie and Coffice Patient #1's information was set 8/01/12. She confidered processed the grie and Coffice Patient #1's information was set 8/01/12. She confidered processed the grie and Coffice Patient #1's information was set 8/01/12. She confidered processed the grie and Coffice Patient #1's information was set 8/01/12. She confidered processed the grie and Coffice Patient #1's information was set 8/01/12. She confidered processed the grie and Coffice Patient #1's information was set 8/01/12. She confidered processed proces	the reviewed on 8/08/12 at 2:15 the grievance documentation explained that Patient #1 had mailed letter to the business iffice forwarded it to the . She stated the information d to herself and the Chief r in May but that both of them e-mail. She stated that on ation was found and she vance. The Risk Management coordinator stated that because tessing, it was decided to shill. She stated this ent to the business office on the spoke with Patient #1 on these two interactions. She					:

also confirmed that hospital staff did not contact

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A 122	policy, and Patient communication or a within 30 days.  Patient #1's grievar investigated, and respecified in hospital.  7. Patient #5 submit hospital on 7/12/12 antibiotic therapy at caused an infiltrate tender, bruised are indicated the Risk I Coordinator attempt 7/23/12 via telepho with Patient #5 at the documentation by the Compliance Coordispoke w/pt [with patthe complaint, becar on weekends'." The	days in accordance with #1 did not receive additional a resolution to her grievance acc was not reviewed, esolved in within time frames I policy.  witted a grievance to the regarding a long wait for IV s well as concern that a nurse d IV site which resulted in a a. Grievance documentation Management and Compliance ated to contact Patient #5 on the but was unable to speak that time. Additional the Risk Management and the Risk Managemen	A	122	see page 1		
	The Risk Managem Coordinator was in PM. She reviewed documentation and on the grievance for explained that she second phone call, on 7/23/12. The R Compliance Coordinable to respond to the coordinate of the coo	nent and Compliance terviewed on 8/08/12 at 2:15 Patient #5's grievance I confirmed the second entry Irm was not dated. She spoke with Patient #5 during a several days after the attempt isk Management and inator confirmed she was not Patient #5's grievance within					

within 30 days with a resolution.

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		nce was not reviewed, esolved in within time frames					
	openine in morphia	. poney.			see page 1		
	hospital on 7/10/12 experiences with IN resulting in severe documentation indi	cated the Risk Management pordinator left a message for			See page 1		
	Coordinator was in PM. She reviewed documentation, and Patient #7 within the hospital policy. She attempts to contact unsuccessful, she was a management explained that she Supervisor to reviet there was no timeliaccomplished. She able to contact Patient after receipt of the investigation was not the province of the she was not the she after receipt of the she was not the she was	nent and Compliance terviewed on 8/08/12 at 2:15 Patient #7's grievance d confirmed she did not reach the time frame established in the explained that if three a patient by phone were would then send a letter. The and Compliance Coordinator was waiting for the Med-Surg of the medical record but that the for when that would be explained that she was not tent #7 within the first 7 days grievance. She confirmed the ot complete and the grievance 9 days after receipt of the					
A 123	investigated, and re specified in hospital	TIENT RIGHTS: NOTICE OF	Α	123	SEE NEXT PAGE FOR PLAN PAGE 10	OF CORRE	ECTION

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### A 123 Continued From page 9

At a minimum:

In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

This STANDARD is not met as evidenced by: Based on staff interview and review of grievance documentation and facility policy, it was determined the facility failed to provide a written response to grievances for 7 of 9 patients (#1, #2, #3, #4, #5, #9 and #10) whose grievance documentation was reviewed. This failure had the potential to result in lack of clarity related to the steps taken to investigate the grievance and resolution of the investigation process. Findings include:

The hospital's "Patient/Family Complaint and Grievance Policy," approved 10/21/11, was reviewed. According to the policy, "All persons with a grievance will receive a written notice of the investigators review, which will include the name of a contact person, steps taken to investigate the grievance, the result of the grievance process and the date of completion." In addition, the policy indicated, "Grievances are considered completed when an approved response has been mailed to the patient/complainant."

Grievances were not responded to with written notice as follows:

1. Patient #2 submitted a grievance to the

#### A 123 PLAN OF CORRECTION:

#### Steps:

- 1) Review new policy and implement changes CORRECTION:
- A) Develop a form letter that can be used as an outline in policy 1093 to include appropriate documentation as steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

Review flow diagram "Patient Grievance process".

(see attachment "7 day sample letter"). (see attachment "30 day on going sample letter").

(see attachment "30 day sample letter").

Monitoring for PLAN of CORRECTION:
"Complaint Log" will be reviewed Monthly
by Patient Grievance Committee.
(see attachment Policy 1093 section 9
highlighted page 4 of 5)

Personal responsible for completion: Ned Hillyard CCO, Jessica Burnell Date of completion: 8/27/2012

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130065	A. BU	X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		1	C
	ulichiare description at a second contract	130069		1		08/0	9/2012
	PROVIDER OR SUPPLIER			2325 CC	DDRESS, CITY, STATE, ZIP CODE DRONADO STREET D FALLS, ID 83404		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 123		ge 10 regarding lack of attention	A	123			

hospital on 6/19/12 regarding lack of attention from the nursing staff. Grievance documentation indicated the Risk Management and Compliance Coordinator contacted Patient #2 via telephone on 6/19/12 to obtain additional details of the concerns. Additional documentation included a medical record review and results of interviews with involved staff members. A response letter to Patient #2 was present in the documentation and a hand written note at the bottom of the letter indicated the Risk Management and Compliance Coordinator sent the letter to Patient #2 on 8/02/12, 44 days after the receipt of the grievance.

The Risk Management and Compliance Coordinator was interviewed on 8/08/12 at 2:15 PM and again on 8/09/12 at 8:35 AM. She reviewed Patient #2's grievance documentation. She explained Patient #2's medical record was reviewed by herself and the Chief Compliance Officer and staff were interviewed. She stated it was felt that there was no wrong-doing on the part of the hospital and a letter of apology was sent. The Risk Management and Compliance Coordinator confirmed the letter of apology did not include the steps taken to investigate the grievance or the results of the grievance process. She stated the Chief Compliance Officer left it up to her to decide whether to phone the complainant with the resolution of the grievance, or send them a letter. She stated if there was no ment to the grievance, an apology letter will be sent. If the grievance had merit she would contact the patient by phone.

Patient #2 did not receive a written notice of the steps taken to investigate the grievance and the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			l' '	AULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
	Wart to draw to the first and the second second	130065	B. Wil	NG	1	C 09/2012	
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW HOSPITAL			1 · · · · · · · · · · · · · · · · · · ·	STREET ADDRESS, CITY, STATE, ZIP 2325 CORONADO STREET IDAHO FALLS, ID 83404	CODE		
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A 123	Continued From pa	_	А	123			

2. Patient #3's physician left a voice message for the Director of Nursing on 4/27/12, to let him know Patient #3 had a bad experience at the facility during a recent hospitalization. On 4/30/12, the Risk Management and Compliance Coordinator documented speaking with Patient #3, as well as, a relative of Patient #3's who witnessed several of the events referenced in the complaint. Patient #3's concerns were related to a fall she experienced while at the hospital and several nursing care issues. The grievance documentation included a conclusion summary of the concerns and the decision to financially compensate Patient #3. This document was dated 6/13/12, 47 days after the initial contact with Patient #3.

The Risk Management and Compliance Coordinator was interviewed on 8/08/12 at 2:15 PM and again on 8/09/12 at 8:35 AM. She reviewed grievance documentation for Patient #3. She stated she met with Patient #3 on 7/09/12 and mailed a copy of the conclusion summary to her on 7/12/12. The Risk Management and Compliance Coordinator confirmed the conclusion summary mailed to Patient #3 did not contain the steps of the investigation process, the results of the grievance process, or the date of resolution of the grievance.

Patient #3 did not receive a written notice of the steps taken to investigate the grievance and the result of the grievance process.

3. Grievance documentation for Patient #4 included hand written notes, undated and

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 123	Continued From page 12 unsigned, that were forwarded to the Risk Management and Compliance Coordinator. The documentation indicated Patient #4 was concerned that she was discharged prematurely while exhibiting symptoms of potential cardiopulmonary dysfunction for which she was readmitted to a different facility for evaluation and treatment. The Risk Management and Compliance Coordinator documented receipt of the grievance on 4/28/12, and that Patient #4 was notified by mail of the resolution of the grievance on 6/15/12, 48 days later. Her grievance documentation also included a "SETTLEMENT AGREEMENT AND RELEASE" form, signed and dated by Patient #4 on 7/09/12.			123				
	Coordinator was in PM and again on 8 reviewed grievance. She stated the mestaff were interview investigation show discharge and, as refund money to P information was see Officer, who met with the Patient #4 was for the grievance.  Patient #4 did not steps taken to investigation on 8 to 10 to 1	nent and Compliance terviewed on 8/08/12 at 2:15 1/09/12 at 8:35 AM. She adocumentation for Patient #4. dical record was reviewed and wed. She explained the ed a delay in Patient #4's a result, it was decided to atient #4. She stated that the ent to the Chief Compliance with Patient #4 on 7/09/12. She is not given a letter of resolution receive a written notice of the estigate the grievance and the						
	submitted grievand	d Patient #10's mother, each be letters to the hospital which being received on 5/07/12.						

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The concerns were related to their experience

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		130065	B. WI			08/	C 09/2012
NAME OF P	ROVIDER OR SUPPLIER		***************************************	STREE	T ADDRESS, CITY, STATE, ZIP CODE		
MOUNTAIN VIEW HOSPITAL			l	CORONADO STREET HO FALLS, ID 83404			
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A 123	Grievance docume included a conclusi results of the invest financially compens receipt of the grieval The Risk Managerr Coordinator was interceipt of the grieval for Patient #10. She #10 was reviewed interviewed. She seviewed the filmed and was interviewed and was interviewed to the sleep care. She explained the investigation but #10 and his mother they were unhappy requested monetar she notified the Chedecision was made hospital bill, which confirmed that Pati indicated the steps concerns or the results of the grievals. An "Investigation"	during a sleep study. Intation, dated 7/13/12, Intation, and the concerns, tigation, and the decision to sate Patient #10, 67 days after ance.  Inent and Compliance terviewed on 8/08/12 at 2:15 the grievance documentation and the technician was tated the record for Patient and the technician was tated that the physician I footage of the sleep study d. She confirmed that as a gation changes had been study rooms to improve patient and that it took time to complete at that she spoke with Patient on 6/12/12. She stated that with the initial resolution and by compensation. She stated ief Compliance Officer and the at to discount Patient #10's took until 7/13/12. She ent #10 did not receive a letter taken to investigate the sults of the grievance process.  Teceive a written notice of the stigate the grievance and the ance process.  Form'' indicated the ment was notified of the	A	123			

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Documentation on the form indicated Patient #9 received, and subsequently took, a medication he

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.	AULTIPLI	E CONSTRUCTION	(X3) DATE S COMPLI	
		130065	B. WI	NG		,	C 09/2012
NAME OF P	ROVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CODE		
MOUNTA	IN VIEW HOSPITAL			1	S CORONADO STREET HO FALLS, ID 83404		
(X4) ID PREFIX TAG	(EACH DEFICIENCY		ID PREF TAC	-IX	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 123	Continued From page 14  was allergic to and this resulted in additional expenses and time off work for treatment. The grievance documentation included an apology letter sent to Patient #9, dated 11/02/11, 79 after receipt of the grievance.  The Chief Compliance Officer was interviewed on 8/08/12 at 4:00 PM. He explained that usually complainants were sent an apology letter, especially if the investigation did not reveal substandard care on the part of the hospital. He stated, if it was determined that there was a deficiency in care provided and the resolution involved monetary compensation, he would often meet in person with the complainant. He stated during this meeting he would discuss the investigation process and resolution and if necessary provide them a check. He confirmed that as a routine, no letter regarding the steps taken to investigate a concern and the resolution of the grievance process were provided to complainants.  On 8/09/12 at 8:25 AM, the Chief Compliance Officer reviewed the grievance documentation for Patient #9. He confirmed he did meet in person with Patient #9, however, the apology letter sent to Patient #9 did not include the steps taken to investigate the grievance or the results of the grievance process.		A	123			
	steps taken to inveresults of the grieve	•					
i	<ul> <li>Grievance docu</li> </ul>	mentation for Patient #1					

included an e-mail written by Patient #1, dated 4/26/12. Patient #1 indicated several concerns

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		AULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
130065		B. WI	NG		08/09/2012		
NAME OF PROVIDER OR SUPPLIER				STREE	T ADDRESS, CITY, STATE, ZIP CODE		
MOUNTA	AIN VIEW HOSPITAL				5 CORONADO STREET HO FALLS, ID 83404		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 123	Continued From page 15 regarding nursing care and responsiveness to call lights. Documentation in the grievance file indicated the concerns were sent to the Med-Surg [Medical-Surgical] Supervisor and Chief Compliance Officer on 5/04/12. The Med-Surg Supervisor completed a record review and forwarded the results to several individual, including the Chief Compliance Office and Director of Nursing, on 5/04/12. However, the Risk Management and Compliance Coordinator documented the information was received from the Chief Compliance Officer on 6/19/12, and immediately telephoned Patient #1. The grievance documentation included a summary of the concerns and the decision to financially compensate Patient #1, dated 8/01/12, 98 days after Patient #1 sent the grievance.			123			
	Coordinator was in PM. She reviewed for Patient #1 and concerns included and the Med-Surg with the nursing stareported back to the and it was decided processing, Patient She stated this information business office on with Patient #1 on was no documental and no letter with her stares.	the grievance documentation explained investigation of the review of the record by herself Supervisor and discussions aff involved. She stated she e Chief Compliance Officer that because of the delay in the 41's bill would be reduced. In the state of the 8/01/12 and that she spoke 8/06/12. She confirmed there altion of these two interactions are contact information, steps to Patient #1					

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Patient #1 did not receive a written notice of the steps taken to investigate the grievance and the

FORM CMS-2567(02-99) Previous Versions Obsolete

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	IT OF DEFICIENCIES OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			AULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER					T ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
MOUNTA	NIN VIEW HOSPITAL			1	CORONADO STREET HO FALLS, ID 83404		
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A 123	Continued From pa	age 16	Α	123			
	results of the grieva	ance process.					
	7. Patient #5 submitted a grievance to the hospital on 7/12/12 regarding a long wait for IV antibiotic therapy as well as concern that a nurse caused an infiltrate IV site which resulted in a tender, bruised area. Grievance documentation indicated the Risk Management and Compliance Coordinator attempted to contact Patient #5 on 7/23/12 via telephone but was unable to speak with Patient #5. Additional documentation, undated, included "I spoke w/pt [with patient]. Patient wishes to drop the complaint, because 'I will no longer go there on weekends'. " There was no additional documentation present in the grievance file.						
	Coordinator was in PM. She reviewed documentation. The Compliance Coord the grievance reso drop the complaint a written response Patient #5 did not a	nent and Compliance terviewed on 8/08/12 at 2:15 I Patient #5's grievance he Risk Management and inator stated she considered lived, as Patient #5 wanted to . She stated she did not think to the patient was necessary.  Treceive a written notice of the estigate the grievance and the ance process.					

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

August 23, 2012

James Adamson, Administrator Mountain View Hospital 2325 Coronado Street Idaho Falls, ID 83404-1389

Provider #130065

Dear Mr. Adamson:

On August 9, 2012, a complaint survey was conducted at Mountain View Hospital. The complaint allegations, findings, and conclusions are as follows:

### **Complaint #ID00005278**

Allegation #1: The hospital failed to respond to patients' grievances.

**Finding #1:** An unannounced complaint investigation was conducted from 8/08/12 through 8/09/12. Grievance documentation for nine patients was reviewed. Staff were interviewed.

Nine patient grievances reviewed contained documentation that the concern had been addressed by hospital staff. Grievance documentation included information related to the investigation conducted and evidence of hospital staff contact with the complainants. The documentation indicated each of the patients' grievances had been responded to by the hospital.

One grievance reviewed contained documentation that the Chief Compliance Officer spoke with the complainant and determined the issue was actually a payment dispute. The complaint was forwarded to the financial services department.

The Chief Compliance Officer was interviewed. He stated that any payment disputes would be managed by the financial services department. He stated that if the issue was not resolved at that level it would possibly be forwarded to his department. He explained that if a billing issue was in any way related to a concern regarding the care provided at the hospital, his department would

James Adamson, Administrator August 23, 2012 Page 2 of 2

obtain the information and proceed with an investigation.

The Risk Management and Compliance Coordinator was interviewed. She stated one of her responsibilities was to process grievances. She stated her first priority was to contact the complainant personally to obtain details of the concerns and acknowledge receipt of the complaint. She stated she would then proceed with her investigation, bringing in the appropriate department managers to assist with record review and staff interview as needed. She explained that upon the completion of her investigation she sent a conclusion summary note to the Chief Compliance Officer. She stated that if the investigation was found to have no merit, an apology letter was sent to the complainant. However, if the investigation indicated the complainant received substandard care from the hospital, the Chief Compliance Officer often met with the complainant and offered any financial compensation that had been approved.

It could not be determined that the hospital failed to respond to patients' grievances. However, as a result of the investigation deficiencies related to the grievance processes were identified. A federal deficiency was cited at 42 CFR 482.13(a)(2)(ii) for the failure to review, investigate, and resolve patients' grievances within time frames specified in the hospital policy. In addition, a federal deficiency was cited at 42 CFR 482.13(a)(2)(iii) for the failure to provide patients with a written notice which included steps taken to investigation the grievance and the resolution of the grievance process.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Hatelriteyse

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

AIMEE HASTRITER

Health Facility Surveyor

Non-Long Term Care

SYLVYA CRESWELL

Co-Supervisor

Non-Long Term Care

AH/srm